



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**REVOCATION OF PRIOR POWERS OF ATTORNEY AND
APPOINTMENT OF NEW POWER OF ATTORNEY OR AUTHORIZATION OF
AGENTS**

Commissioner for Patents
Alexandria, VA 22313

Sir:

Scimed Life Systems, Inc. hereby revokes, as appropriate, all previous powers of attorney and authorizations of agent previously granted for the following U.S. patent applications:

Application Number	Filing Date
60/072641	1/27/98
09/238654	1/26/99
09/804500	3/12/01
60/072639	1/27/98
09/238663	1/26/99
09/579909	5/26/00
60/085113	5/12/98
09/309816	5/11/99
09/738378	12/15/00
09/817403	3/26/01
10/442446	5/21/03
10/667159	9/19/03
60/038379	2/13/97
09/023398	2/13/98
60/038380	2/13/97
09/023533	2/13/98
09/500722	2/9/00
09/847515	5/2/01
60/038171	2/13/97
09/023965	2/13/98
10/051114	11/12/01
10/774826	2/9/04
10/774842	2/9/04
60/060730	10/01/97

Application Number	Filing Date
09/163960	9/30/98

The following attorneys or agents of the Patent Group at Ropes & Gray LLP, and all other attorneys or agents affiliated with Customer No.:

28120

are hereby appointed to prosecute applications and transact all business in the United States Patent and Trademark Office for the above applications.

Please change the correspondence address for to the above-identified application to:

Patent Group
Ropes & Gray LLP
One International Place
Boston, MA 02110

The undersigned, whose title is supplied below, is empowered to sign this Revocation and New Power of Attorney on behalf of the Assignee.

Respectfully submitted,



Officer

MARCH 31, 2004

Date

Kurt W. Lockwood

Print or Type Name of Person Signing

Assistant Secretary

Title



I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 4/9/04 Signature: Joanne Ryan
(Joanne Ryan)

Docket No.: MIY-P05-003
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Gellman et al.

Application No.: 10/667159

Group Art Unit: 3732

Filed: September 19, 2003

Examiner: Not Yet Assigned

For: BONE ANCHOR PLACEMENT DEVICE
WITH RECESSED ANCHOR MOUNT

CHANGE OF ATTORNEY DOCKET NUMBER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Please note that the Attorney Docket Number has been changed from BSC-065CPC1 to **MIY-P05-003**. Please reference **MIY-P05-003** on all future correspondence.

Applicant believes no fee is due. However, if a fee is due, please charge our Deposit Account No. 18-1945, under Order No. MIY-P05-003 from which the undersigned is authorized to draw.

Dated: 4/8/04

Respectfully submitted,

By Agnes S. Lee
Agnes S. Lee
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PTO/SB/122 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/667159
	Filing Date	September 19, 2003
	First Named Inventor	Barry N. Gellman
	Art Unit	3732
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	MIY-P05-003

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number: 28120

OR

<input type="checkbox"/> Firm or Individual Name	John V. Bianco ROPES & GRAY LLP				
Address	One International Place				
City	Boston	State	MA	Zip	02110-2624
Country	US				
Telephone	(617) 951-7000		Fax	(617) 951-7050	

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I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 46,862
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name	Agnes S. Lee	
Signature		
Date	4/8/04	Telephone (617) 951-7794

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input type="checkbox"/> *Total of 1 forms are submitted.

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Dated: 4/8/04 Signature: Joanne Ryan (Joanne Ryan)